# **HAWAII STATE ETHICS COMMISSION** DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)		STATE POSITION HEL	D: (Dept/Div or Board	//Commission)
Cox, MARGARET	ANN	TERM OF OFFICE (Be	gin/End): /	/o8

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

## ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	STATE OF HAWAII CENTRAL PAYROLL P.O. Box 119 HONDINLU, HI 96810	90,000	PRINCIPAL - KAMAKAHERE MIDDLE SCHOOL - 2003
5 P	STATE OF HAWAII CENTRAL PAYROLL		
	P.O. BOX 119 HONDLULL, H196810	61,000	MIDDLE SCHOOL
1=	RELIA STAR LIFE INS CO PO BOX 5050, MINUT, N.D 54709-5050	11 005	SYSTEMATIC WITHDRAWAL
1=	STATE OF HAWAII EMPLOYEES RETIREMENT SYSTEM, 201 MERCHANT ST, SHITE 1400 HONDLULY, HIGGS13	25,240	RETIREMENT 2004
5 p	STATE OF HAWAN CENTRAL PAYROLL P.O. BOX 119, HONDLULU, HI 96810	56,660	TEACHER KAPAA MODULE
[ ]Check here if entry is None [ ]Check here if additional sheets are attache			

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	·			
[່∖ ]Che	[X] Check here if entry is None [ ] Check here if additional sheets are attached			

## ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRAN PERIOD	DATE OF TRANSFER		
[χ]Chec	ck here if entry is None		Check here if additiona	I sheets are attached
ist the na	ITEM ame and address of each creditor to whom the value mount and amount outstanding (excluding debts aris	4: CREDITORS of \$3,000 or more was sing out of retail transact	owed during the disclosu ons or the purchase of c	re period and the onsumer goods).
F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
77	BANK OF HAWAII BANKOH LO POBOX 2715, HONOLULU, 1	04N CENTER +1 96803	52,000	31, 960
F	Reliastar Life INS Co PO BOX 5050, MINOT, ND 58702-5050 10,000			9 000
[ ]Che	ck here if entry is None		]Check here if addition	al sheets are attached
List every	ITEM 5: OFFICERSHIPS, officership, directorship, trusteeship, or other fiducion, the term of office, and the annual compensation	ary relationship held dur	RUSTEESHIPS ing the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
			,	
			1	
[X]Ch4	eck here if entry is None	. [	Check here if addition	nal sheets are attached

## ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. STREET ADDRESS TAX MAP KEY NUMBER **VALUE** DC,JT 2889 HOCLARD ST. Lihue, HI 96766 6-024-041-0000-660 J T 178600 1Check here if entry is None [ ]Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON CONSIDERATION PAID RECEIVING THE DC,JT CONSIDERATION [ ]Check here if additional sheets are attached [X]Check here if entry is None ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more. NAME OF PERSON AMOUNT & NATURE OF TAX MAP KEY NUMBER & STREET ADDRESS F.SP. CONSIDERATION RECEIVED **FURNISHING THE** DC,JT CONSIDERATION

[ ]Check here if additional sheets are attached

[X]Check here if entry is None

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[ \( \)]Check here if entry is None	[ ]Check here if additional sheets are attached

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			**************************************	RECEIVED
[X]Check here if entry is None [ ]Check here if additional sheets are attache				are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

11/26/04